

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023290

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3372

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 3758

3

4 0

5 1

6

7 0

8 2

9 4200

10

11

12 70-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Mark D. Ost MEDICAL CERTIFICATION MD

FILED JUL 16 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CityLength of stay in 1b
27 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 5424 WoodlandInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

JACKSON

c. CITY
OR TOWN KANSAS CityInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 5424 WoodlandReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Henry

Middle

CLARENCE MORRIS

Last

4. DATE
OF DEATH

Month

Day

Year

June 25 1962

5. SEX

Male

6. COLOR OR RACE

Cauc

7. Married ☒Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

11-24-1884

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Retired BARBER

10b. KIND OF BUSINESS OR INDUSTRY

BARBER

11. BIRTHPLACE (City and state or country)

Henry Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Wesley Penn Morris

13b. MOTHER'S MAIDEN NAME

Maggie Moberley

14. NAME OF HUSBAND OR WIFE

CORA MORRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Cora Morris 5424 Woodland

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARDIAC ARRHYTHMIA - MYOCARDIAL INFARCT - 3 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH

SEV. YRS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6/25/62

to

6/25/62

and last saw him alive on

6/25/62

Death occurred at

6:15

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Mark D. Ost, MD

Degree or title

22b. ADDRESS

4720 Terrace KCMo

22c. DATE SIGNED

6/26/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

6-28-62

23c. NAME OF CEMETERY OR CREMATORY

OAK Hill Cemetery

23d. LOCATION (City, town, or county)

Butler

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Muehlebach 6800 Troost

25. DATE RECD. BY LOCAL REG.

6.26.62

26. REGISTRAR'S SIGNATURE

Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr Cooper
OST INT.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. E. Nichols

Licensed Embalmer No. 4909

P. O. Address Ke. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.